## Office of Administration

Commissioner's Office

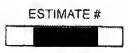
## REIMBURSEMENT REQUEST FOR OTHER SERVICES

o Abortion		
for Life		
ne Pregnancy Care Cent	er	
nformation for each item st for the item, and the ju se reimbursed.	/service to be purchased. I stification. Items must be	List the date of purchase, approved <b>before</b>
ltem	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Car Repair	\$406.24	Car is broken down – unable to drive to go to doctor, case management or parenting class.  No other sources are available in our area.
	\$406.24	
st, penalties, termination ges from your totol reim sting purchase:I	n payments, attorney fees, obursement request prior to Lori Amato	and liquidoted damoges. submission.
Purchase is Approved Denied A2A Signature		
ase:		
	Ine Pregnancy Care Cent Information for each item Ist for the item, and the just ereimbursed.  Item  Car Repair  Car Repair  Services ore not eligible just, penalties, termination ages from your total reimination and purchase:  Images Manager:  Denied A2A Signa	refor Life

## Tim's Auto Service & Sales, Inc.

370 Hwy PP Cuba, MO. 65453

Phone: 573-885-6736 Fax: 573-885-6937



**Estimate for Services** 

Estimate Date: 2/28/2017

_	VIN # :					
	Qty	Sale	Ext	Labor Description	Hours	Extended
BRAKE LINES & FITTINGS	1.00	33.69		REPLACE REAR BRAKE LINES & BLEED SYSTEM	4.00	220.00
Brake Fluid	1.00	7.48	7.48	CK&REPLACE BATTERY	0.27	15.00
BATTERY 1 YEAR	1.00	111,92	111,92			
Shop Supplies			4.59			

Parts/Supplies: 157,68

Signature

Labor: 235.00

HazMat/Fees; 0.00

Tax: 13.56

Time\_

Total: \$ 406.24

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle described for testing and/or inspection. Express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. SMOG: I understand that I can have emission service and/or adjustments done elsewhere. I hereby waive this right.

TEARDOWN ESTIMATE: I understand that my vehicle will be reassembled within \_\_\_\_\_days of the date shown above if I choose not to authorize the service recommended. All Parts removed will be discarded unless instructed otherwise: Save all Parts \_\_\_\_. NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE.

\_\_\_\_ Date

Cocyright (c) 2017 Mitchoff Repair Information Company, LLC earlier 1.8.15JD